LBS Financial
CREDIT UNION

Monthly Statement Payoff of Visa Balance (Request Form)

Please note that by completing this form, signing, mailing or faxing to LBS Financial Credit Union, you are authorizing us to transfer your monthly Visa statement balance from your designated Share Savings or Share Draft (Checking) account to your designated Visa account every month, until you notify LBS Financial in writing to discontinue this request.

Member Information

Last Name | First Name | Middle Initial

Street Address | City | State | Zip Code

Home Phone# | Cell Phone#

Account Information

LBS Financial Visa account card type to pay in full in each month:

☐ Visa Classic ☐ Visa Gold

LBS Financial Credit Union Visa Account Number

LBS Financial account type (Savings, Checking or Money Market) you would like the payment to be deducted from each month:

Account Type: ☐ Savings ☐ Checking *Suffix (8 or 9):*_____ ☐ Money Market

Designated Payment Date: *(Date that the above transaction will occur each month)*

☐ 1st of each month ☐ 2nd of each month ☐ 5th of each month ☐ 10th of each month

☐ 15th of each month ☐ 20th of each month ☐ 25th of each month

Account Agreement Information

I authorize LBS Financial Credit Union to transfer my monthly Visa statement balance on the designated date above from the selected account and suffix. I understand that if the monthly statement payoff amount is not available in the designated account/suffix, the transaction will not occur at which point I am responsible to provide payment by other means. I request that this process continue until I notify LBS Financial Credit Union in writing of my intention to discontinue this service.

Member Signature | Date

Fax to: 714.934.3483